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Application Number Filing Date Applicant(s) **CLAIMS ONLY** * May be used for additional claims or amendments AFTER FIRST AMENDMENT AFTER SECOND AMENDMENT CLAIMS AS FILED Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 53 56 64 74 27 79 37 92 Total Total Indep Indep Total Total Depend Depend Total Claims Total